MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107516419

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17	/	/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26	/					
27		/				
28		/				
29		/				
30		/				
31		/				
32	/	/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39	/					
40		/				
41		/				
42		/				
43		/				
44		/				
45						
46	/					
47	/					
48	/					
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	43					
TOTAL CLAIMS	51					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS